

Appendix 3: Request for St John’s Ambulance Australia (NSW) COVID-19 support services



Request for St John’s Ambulance Australia (NSW) COVID-19 support services
 Please complete form and submit to MOH@JasminCovid19Ops@health.nsw.gov.au

Your Ref:

EXECUTIVE LEAD	<i>Name, Position</i>	
Contact	<i>Name, position, contact number</i>	
Start/End date	<i>DD/MM/YY</i>	<i>DD/MM/YY</i>
Location requested	<i><1 per form></i>	

Type of Support requested	Please tick box
Staff only* - please provide detail of request below	
Equipment only** - please provide detail of request below	
Both staff and equipment – please provide detail of the request below	

Reason for request for additional services

*Staff – skills required	Number requested
Admin support	
Patient education/screening	
Conduct COVID-19 swabbing	
Traffic controller	
Other (please specify)	

** Equipment	Number requested
Traffic cones	
Marquee (3M long x 3M wide x2M high)	
Tables	
Chairs	
Ambulances, vans, utility and passenger vehicles	

Other equipment – please provide detail